2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCU	MENT # M01000001	033		FILED	T. T.	
1. Entity Nam	e			SECRETARY OF S DIVISION OF CORPOR	ATIONS	
MANUFACTURER AND DEALER SERVICES LLC						
				05 JAN -3 PH	3: 50	
Principal Plac	e of Rusiness	Mailing Address		- US SAIL 5		
	IDE DRIVE, SUITE 200N	10 RIVERVIEW DRIVE		9000426066	::29	
		DANBURY, CT 06810		9000426066 11/09/0401071003	**150.00	
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2. Principal P	lace of Business	3. Mailing Address				
		3000 Lalle Side Drive			ri grafet limti entwe film'n ilim'n ita lêh	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11012004 REIN-LLC	CR2E101 (6/04)	
City & State		Scule 200N City & State		4. FEI Number	Applied Fo	
City & State		Bannockburn, IL		25-1887086	Not Applic	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional	
	6 Name and Address of Current I	(600 5	USA	7. Name and Address of New Regis	Fee Required	
Name and Address of Current Registered Agent			Name	7. Name and Address of New Asym	stered Agent	
	ORATION-SYSTEM	·	Street Address (B.O. Boy Number in Not Acceptable)			
	TH PINE ISLAND ROAD ON, FL (33324		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LONGIA) NOTE 00024					
			City		FL Zip Code	
9 The above	named entity submits this statement for	the purpose of changing ite ro	gistored office or regist	ered agent, or both, in the State of Florida		
	ions of registered agent.	PETER F. SOUZA	gistered dilice of regist			
SIGNATURE .		ASSISTANT SECRETARY		[2].	21/04	
CACCION ONL	Signature, typed or printed name of registered agent a					
	Signature, typed or printed traine of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signature req	uired when reinstating)	DATE	
•		nd title if applicable. (NOTE: F	legistered Agent signature req	. ,		
	E NOW!!! FEE IS \$150.00 eary 1, 2005, Fee will be \$200.00	nd title if applicable. (NOTE: F	logistered Agent signature req	Make cl	heck payable to	
After Janu	E NOW!!! FEE IS \$150.00 lary 1, 2005, Fee will be \$200.00			Make ci Florida De	heck payable to epartment of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatindicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: San Lu Kelle San Lie Keller, 11.4.04